



AMERICAN PEDIATRIC SOCIETY

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November 29, 2010

Scientific Management Review Board
ATTN: Lyric Jorgenson
Office of Science Policy, Office of the Director
National Institutes of Health
6705 Rockledge Drive, Suite 750
Bethesda, MD 20892

Dear Scientific Management Review Board:

The American Pediatric Society (APS) represents the leaders in academic pediatrics in the US. The APS is committed to promoting child health in our country through research and medical care of children, noting specifically that improved health of children provides lifelong benefits, personally, socially, and economically. We specifically believe that advances in biomedical and behavioral science that benefit child health outcomes must be translated into practice, quickly and efficiently; that children should receive the most advanced medical care so they can lead healthy and productive lives; and that advancing pediatric research improves both pediatric and adult health.

We are encouraged by much of the Scientific Management Review Board's (SMRB) proposed recommendations regarding the creation of a translational research institute at the National Institutes of Health (NIH). In response to the Board's November 10, 2010 request for public comment, we offer the following recommendations on behalf of the leaders of academic pediatrics and on behalf of children in the US. Specifically, to maximize this opportunity of creating a new NIH Institute for Translational Medicine and Therapeutic, we ask that **this new institute specifically address:**

(1) The great advances made by The Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Child Health Oversight Committee in the CTSA Consortium in extending the reach of NIH-sponsored translational research into the full spectrum of child health T1-T4 research; these efforts should be sustained and advanced in the reorganization plan. Missing in the many slides of the Board presentation was the specific inclusion of support for all aspects of child health research and other approaches to translate the results of biomedical and behavioral research in children into maximal benefit, for children and for the public in general. Translational research agendas have often neglected a specific focus on and support for child health translational research, limiting support for child health researchers as well as physical infrastructure for child health research that must fit appropriately into the full spectrum of translation, from basic discovery to actual implementation. We support NIH's explicit extension of the translational spectrum to include the science and methods of the translation of biomedical advances into practice and public impact that have been a key part of the CTSA program. We also support Dr. Collins' call for NIH to support reform of American health care. We also urge that you make an explicit commitment in the new TMAT Institute that the full spectrum of translational research will include specific support for child health translational research as a key part of the mandate of the new institute and as part of its responsibility to children and to the general public.

(2) The structure of a new institute must take into consideration ongoing translational research in all areas of child health currently being conducted by NICHD and other institutes with a pediatric research portfolio. We also support your efforts to ensure that the structure of a new institute will facilitate advancement of translational research specifically including child health research being done at other ICs, as this will further support the long-term success of child health translational research led and supported by NIH.

(3) The opportunity for NIH-wide clinical and translational research training and career development programs in a new TMAT Institute should include specific support for those who aim for careers in child health and diseases unique to childhood. There is a clear need for educating and supporting the next generation of diverse, well-educated clinical and translational research professionals, and we urge that you further leverage the strengths of the new TMAT Institute to advancing this crucial work for children. While there is a clear need for training and career development programs in all of the categorical ICs, the opportunity for rigorous research methods training must include specific support for training of translational researchers in child health, noting specifically that improved health of children provides lifelong benefits, and that advancing pediatric research improves both pediatric and adult health.

(4) Since the CTSA program may well be moved to the new TMAT Institute, the APS considers it fundamental that the new TMAT Institute support the functions of the CTSA Consortium Child Health Oversight Committee and emphasize NIH's commitment to continue to ensure that CTSA infrastructure and programs are equitably available to child health researchers and trainees. We strongly endorse the statements by the Association for Clinical Research Training (ACRT), the Association for Patient-Oriented Research (APOR), the Clinical Research Forum, the Society for General Internal Medicine (SGIM), the Society for Clinical and Translational Science (SCTS), and the Clinical and Translational Science Award (CTSA) principal investigators (PIs), represented by the Steering Committee co-chairs, in their letter of November 22, 2010 to you—*“As the world’s foremost biomedical research entity, NIH has greatly advanced the translational research agenda through a number of crosscutting and institute-wide programs. In particular, the CTSA program administered through the National Center for Research Resources (NCRR) has created a unique academic home for clinical and translational research. The CTSA program has been particularly successful transforming their host institutions, and thus leveraging new resources and investments for research spanning the translational spectrum. As NIH seeks to expand the role of translational research throughout all 27 institutes and centers (ICs), we believe this program is uniquely suited to become a “superhighway” for the full spectrum of T1 through T4 translational research, bringing treatments and cures to the public and directly supporting the five goals Director Francis Collins put in place for the future of NIH.”* The APS strongly adds to these statements the need to establish a specific and material commitment in this new TMAT Institute to support child health research and training of future child health researchers using current and future organizational structures, funds, and other opportunities to ensure that infrastructure and programs of the new TMAT Institute are equitably available to child health researchers and trainees.

Thank you for the opportunity to share our thoughts on the future of translational medicine and therapeutics development at the NIH. We are encouraged by the SMRB's recommendations for the creation of this new institute, and believe that attention to the four issues noted above on behalf of child health research, child health researchers, and children and the general public at large will help maximize this opportunity for our children and our nation. We hope to assist you during any transition period, and to provide input as this process continues.

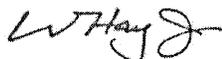
Sincerely,



Gary R. Fleisher, M.D.
President, American Pediatric Society



Judy L. Aschner, M.D.
Secretary-Treasurer, American Pediatric Society



William W. Hay, Jr., M.D.
Advocacy Committee, American Pediatric Society